

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
STD 262 (REV 6/93)

See Instructions and *Privacy
Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Phyllis W. Cheng		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT DFEH	
POSITION Director	CB/D NUMBER Exempt	DIVISION OR BUREAU Executive		INDEX NUMBER	
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 2218 Kausen Drive		TELEPHONE NUMBER 916-478-7250	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Elk Grove	STATE CA	ZIP CODE 95758

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
Apr-May 09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T N/C RELO OR DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
(2) DATE	TIME										MILES	AMOUNT		
04/30	1705	Sacramento/Burbank							A					
05/01		Los Angeles												
05/04		Los Angeles												
05/05	0820	Burbank/Sacramento							A					
05/06		Sacramento							SC	1.25				1.25
05/07		Sacramento							SC	9.00				9.00
05/07	1705	Sacramento/Burbank							A					
05/08		Los Angeles												
05/11		Los Angeles												
05/12		Los Angeles							PC		15	8.25		8.25
05/13		Los Angeles							PC		28	15.40		15.40
05/14	0820	Burbank/Sacramento							A					
05/15	1735	Sacramento/Burbank							A					
05/18		Los Angeles												
05/19	0820	Burbank/Sacramento							A					
05/20		Sacramento							SC	15.00				15.00
05/21	1735	Sacramento/Burbank							A					
05/22		Los Angeles												
05/26	0840	Burbank/Oakland							A					
05/26	1700	Oakland/Sacramento							B	4.50				4.50
(10)	SUBTOTALS									25.25	43	23.56		48.90
COLUMN CODE (ACCTG USE ONLY)														

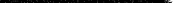

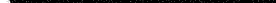
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
All airfare paid by employee at her own private expense. 5/1, 5/4, 5/8, 5/11, 5/18, 5/22 - meetings in Los Angeles. 5/6/09: Meeting: Suzanne Ambrose re prior DFEH study; drop off TEC at Agency. 5/12/09: Speeches: Littler 2009 Community Employer Roundtable; UCLA Committee on Disability. 5/13/09: Speech & Meeting: Employment Roundtable of Southern California. 5/20/09: Governor's Asian Pacific American Heritage Month Luncheon. 5/26/09: Meeting: San Francisco/Oakland Districts staff.		0800-1700	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		(13) PRIVATE VEHICLE LICENSE NBR. 6ATW241	
CLAIMANT'S SIGNATURE [REDACTED]	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 7/1/09
(17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse)		DATE	

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CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	Elk Grove	CA	95758

[illegible]

CLAIM TOTAL	\$ 217.10
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CLAIMANT'S SIGNATURE 	DATE 	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 7/11/09
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(17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See item 17 on reverse) _____ DATE _____